



**ST BERNADETTE PARISH COMMUNITY  
OFFICE OF RELIGIOUS EDUCATION  
266 MAIN ST. NORTHBORO, MA 01532  
508-393-7445/FAX 508-393-2718**

**RELIGIOUS EDUCATION REGISTRATION FORM**

Please complete all information below and return to: 'ATTN: Religious Education Office'

Family Name: \_\_\_\_\_ Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Current Email Address: \_\_\_\_\_

**CURRENT CONTACT NUMBERS**

Home Phone: \_\_\_\_\_

Cell: (mother) \_\_\_\_\_

Cell: (father) \_\_\_\_\_

Work (mother) \_\_\_\_\_

Work (father) \_\_\_\_\_

**EMERGENCY INFORMATION : *Alternate Emergency Contact***  
Person & number to be used if the parent/guardian can't be reached:  
**NAME & PHONE** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father's Name: \_\_\_\_\_  
First & Last

Father's Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_  
First & Last (Maiden Name)

Mother's Religion: \_\_\_\_\_  
~ or ~

Guardian's Name: \_\_\_\_\_  
First & Last

Guardian's Religion: \_\_\_\_\_

**1<sup>st</sup> Child**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School/Grade as of Sept 2017: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptism Church:/Location: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ First Communion Church/Location: \_\_\_\_\_

Celebrated First Reconciliation: \_\_\_ YES \_\_\_ NO

MEDICAL /ALLERGY CONCERNS : \_\_\_ YES \_\_\_ NO (if yes, Please Explain) \_\_\_\_\_

*Please indicate if your child has specific physical, social or learning needs, (ie. does your child have an education plan) please explain* \_\_\_\_\_

Special Talents or gifts your child may be willing to share ( sing, play instrument, reads well etc. ) \_\_\_\_\_

**2<sup>nd</sup> Child**Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ **School/Grade as of Sept 2017:** \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptism Church:/Location: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ First Communion Church/Location: \_\_\_\_\_

Celebrated First Reconciliation: \_\_\_ YES \_\_\_ NO MEDICAL /ALLERGY CONCERNS : \_\_\_ YES \_\_\_ NO ( If yes, please explain) \_\_\_\_\_

*Please indicate if your child has specific physical, social or learning needs, (ie. does your child have an education plan) please explain* \_\_\_\_\_

Special Talents or gifts your child may be willing to share ( sing, play instrument, reads well etc. ) \_\_\_\_\_

**3<sup>rd</sup> Child**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **School/Grade Sept 2017:** \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptism Church:/Location: \_\_\_\_\_

1ST Comm Date: \_\_\_\_\_ 1ST Comm Church/Location: \_\_\_\_\_

Celebrated First Reconciliation: \_\_\_ YES \_\_\_ NO  
MEDICAL /ALLERGY CONCERNS : YES or NO (If yes, please explain) \_\_\_\_\_*Please indicate if your child has specific physical, social or learning needs, (ie. does your child have an education plan) please explain* \_\_\_\_\_

Special talents or gifts your child may be willing to share ( sing, play instrument, reads well etc.) \_\_\_\_\_

**4<sup>th</sup> Child**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **School/Grade Sept 2017:** \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptism Church:/Location: \_\_\_\_\_

1ST Comm Date: \_\_\_\_\_ 1ST Comm Church/Location: \_\_\_\_\_

Celebrated First Reconciliation: \_\_\_ YES \_\_\_ NO  
MEDICAL /ALLERGY CONCERNS : YES or NO (If yes, please explain) \_\_\_\_\_*Please indicate if your child has specific physical, social or learning needs, (ie. does your child have an education plan) please explain* \_\_\_\_\_

Special talents or gifts your child may be willing to share ( sing, play instrument, reads well etc.) \_\_\_\_\_

The registration fees are as follows:

Registration fee	\$70 per student
Family Maximum	\$180 per family

No child will be denied religious education due to financial reasons. Please contact the religious education office for scholarship information @ 508-393-7445. All information will be kept confidential.